



Mailing Address (Optional)

TRAVEL EXPENSE VOUCHER

Do not list items directly billed to the University. See FAQ Document for Details

Name: _____ University ID#: 9 _____

Purpose for Travel: _____

TRAVEL LOG

Dates:							
Traveled From:							
Traveled To:							

PERSONAL AUTO MILEAGE

No. of Miles:							
\$.655 per Mile:							

Total Mileage: _____

FOOD EXPENSE (Do not combine receipt amounts)

Receipt Amt:							
Receipt Amt:							
Receipt Amt:							
Totals:							

Total Food: _____

LODGING (Do not split or combine receipts. Partial reimbursement is allowed)

Lodging Cost:							
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Total: _____

TRANSPORTATION (Do not combine receipt amounts)

Cost for Airplane:	Cost for Train/Bus:	Cost for Car Rental:	Total Tolls Amount:	Parking:

Total: _____

MISCELLANEOUS EXPENSES/TRANSPORTATION OVERFLOW:

List receipt amounts. Do not combine.	
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Signed: _____ Date: _____ Total Miscellaneous: _____

Please print name: _____

Approval: _____ Date: _____

Please print name: _____

Account Number: _____ (index) _____ (fund) _____ (org)
 _____ (acct) _____ (prog)

Grand Total: _____

Less Advance: _____

Amount Returned: _____

Advance Account Number: _____ (if reconciling advance)

Amount Due: _____